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ATTORNEYS LLP**FACSIMILE TRANSMITTAL**  
January 10, 2005*from* **PAUL M. ULRICH**

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**To:** Belix M. Ortiz - Examiner**Firm:** U.S. Patent and Trademark Office**Fax Number:** 703-872-9306**Client Number:** GOW 0091 PA/40329.111**Pages:** 38  
(including cover)**Comments:** U.S. Patent Application Serial No. 10/092,162 filed March 6, 2002  
entitled METHOD AND SYSTEM FOR PROVISIONING ELECTRONIC  
FIELD GUIDES - Our Docket GOW 0091 PA/40329.111**RECEIVED**  
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PAGE 1/2 \* RCVD AT 1/10/2005 4:41:31 PM [Eastern Standard Time] \* SVR:USPTO-EFAXF-1/0 \* DNIS:8729306 \* CSID:9374496405 \* DURATION (mm-ss):01-00

*Incomplete pages 3 — 38 missing*

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/092,162
		Filing Date	March 6, 2002
		First Named Inventor	Sherrene D. Kevan et al.
		Examiner Name	Belix M. Ortiz
		Art Unit	2175
TOTAL AMOUNT OF PAYMENT (\$) 100.00		Attorney Docket No.	GOW 0091 PA/40329.111

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
13	- 20 or HP = 0	x 25 =	0.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 or HP = 1	x 100 =	100.00			
HP = highest number of independent claims paid for, if greater than 3						

## 3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

SUBMITTED BY		Registration No.	Telephone (937) 449-6400
Signature		(Attorney/Agent) 46,404	
Name (Print/Type)	Paul M. Ulrich	Date	January 10, 2005

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